WORKSHEET FOR CLAIMING TRAVEL EXPENSES

This form is for identifying the travel expenses for which you are claiming reimbursement. Complete this form, sign the Travel Expense Claim – STD 262 (on the last line of the form) and provide the last four digits of your social (top of the form), **leave the rest of the form blank**, and submit both forms to Patric Widmann, Department of Developmental Services, Children & Family Services Branch, Interagency Coordinating Council, 1600 Ninth Street, Room 330, Sacramento, CA 95814. Reimbursement for expenses is limited to the amounts and by the conditions specified in the Summary of Allowed Travel Expenses which you have received. We will complete and submit your Travel Expense Claim form based on the information you provide. Please include Travel Claim Expense form with **original** signature and the last four digits of your social security number. Please attach all original receipts (including airline itinerary) except those incurred for meals (keep those for your records).

ICC Member/Community Representative/Consultant Completes:

Left Home: _____
                  Date   Time   am / pm (circle one)

Returned: _____
                  Date   Time   am / pm (circle one)

PLEASE ATTACH **ORIGINAL** RECEIPTS

Airline Receipt **(RECEIPT REQUIRED, even if prepaid)** PREPAID BY ICC/DDS_____ PAID_____ (check one)	$
Miles Traveled by Own Car _____ at 0.50 cents per mile	$
Car Rental Receipt **(RECEIPT REQUIRED, even if prepaid)** PREPAID BY ICC/DDS_____ PAID_____ (check one)	$
Lodging Receipt **(must have original lodging receipt with a "0" balance)**	$
Taxi or Shuttle (over $10.00, include receipts)	$
Parking and Bridge Tolls (over $10.00, include receipts)	$
Child Care Receipt (ICC parent representative)	$
Miscellaneous Expense (need receipt[s])	$

MEALS (NO RECEIPTS NEEDED)

DATE	BREAKFAST ($6)	LUNCH ($10)	DINNER ($18)	MEAL TOTALS
	$	$	$	$
	$	$	$	$
	$	$	$	$
EXPENSE GRAND TOTAL				**$**

_____   _____   _____
ICC Member/Representative/Consultant Name Print or Type   last four of SSN#   Signature

_____   _____
Telephone   Car License Plate Number

_____
Street Address   City   State   Zip Code

_____   _____
Location of Meeting   Purpose of Meeting